

BULLETIN

OF THE

Missouri State Board of Health

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VOL. V.

JANUARY, 1907.

No. 1.

NEEDED LEGISLATION.

The State Board of Health has prepared two bills which are now before the Forty-fourth General Assembly of the State of Missouri. Senate Bill No. 124 creates local Health Boards throughout the State and gives them specific powers in controlling contagious and infectious diseases and a system of reporting the same. By this law a perfect system can be established for collecting and reporting vital and mortuary statistics throughout the State. This system will be inexpensive and easily established and is of great importance in many ways. Even the United States Census Bureau is demanding this of Missouri.

Senate Bill No. 123 consists of two amendments to House Bill No. 137, Session Acts of 1901. Amendment to Section 3 demands a higher preliminary education before entering our medical colleges; also that the applicant for examination for license to practice medicine in Missouri be a graduate of a four-year reputable medical college before he is admitted to these examinations. Such laws exist in nearly all of our sister States and this enactment will put us on an equality with them. This is very important, as we are now regarded as having a lower standard of qualifications than our sister States. Section 9 should be repealed, as it is vague, uncertain and may be construed in a way to admit graduates to be licensed upon their diplomas from every defunct, fraudulent medical college that has ever existed in the State of Missouri, which, of course, was not intended by our lawmakers; therefore, in justice to the honest, competent physician it should be repealed.

There are other bills to be presented to the Legislature which, if enacted into laws, will be of great benefit to the citizens of the State, which are also of great interest to the Health Department. These bills in so many ways bear upon the effectual working of the

State Board of Health that after due consideration of the same the Board heartily endorses the following bills:

The pure food bill, as prepared by the United Pure Food Committee.

The bill touching on criminal abortion, prepared by the St. Louis Medical Society.

The bill relating to the disinterment and transportation of dead bodies and the embalming of bodies who died from contagious and infectious diseases, as presented by the State Embalming Board.

The bill to regulate the manufacture and sale of "patent" and "proprietary" medicines, as prepared and presented by the W. C. T. U. of Missouri.

The Newberry bill relating to druggists filing prescriptions containing a certain per cent of alcohol.

REPORT OF PHYSICIANS LICENSED JANUARY 8, 1907.

I hereby submit a report of the result of the examination of physicians by the State Board of Health to practice medicine and surgery held in Kansas City, Mo., on November 26, 27 and 28, 1906, and passed upon by the Board, January 8, 1907. So large a per cent of failures is largely due to colleges admitting students with very poor preliminary qualifications and from the fact that under-graduates are admitted to these examinations. There is now an amendment before the Legislature to have these defects corrected. The following is the list of colleges, with the number of students who passed and failed in each:

Graduates.

Washington University.	1 failed
Ensworth Cent. Medical College.	1 failed
Eclectic Medical University.	2 failed
Barnes Medical College.	5 passed, 4 failed
St. Louis University.	3 passed, 4 failed
University Medical College.	1 failed
Keokuk Medical College, Iowa.	2 failed
McGill Medical University.	1 passed.
University Medical School of Dublin.	1 passed.
P. M. of Indiana.	1 failed
University of Kansas.	1 failed
Kentucky School of Medicine.	1 failed
American College of Med. and Sur., Chicago.	1 passed.
Louisville Medical College.	1 failed
Meharry Medical College.	2 passed, 2 failed
Vanderbilt University.	1 passed.
University of Pennsylvania.	1 passed.
Johns Hopkins University.	1 passed.
P. & S. of Chicago.	1 passed.
P. & S. of St. Louis.	1 passed, 4 failed
Rush Medical College.	2 passed.

Under-Graduates.

P. & S. of St. Louis.....	1 passed, 2 failed
Barnes Medical College.....	3 passed, 4 failed
St. Louis University.....	3 passed.
University Medical College.....	4 passed, 1 failed
Memphis Hospital Medical College.....	1 failed
Homeopathic Medical College of St. Louis.....	1 passed, 1 failed
Washington University.....	2 passed,

CONTAGIOUS AND INFECTIOUS DISEASES.**Incubation Period, Infective Period and Quarantine Period of Each.****Scarlet Fever.**

Incubation period: One to seven days; average two to three days.

Quarantine period: Seven days from last exposure to disease.

Infective period: From the first symptoms of the disease until desquamation has disappeared.

Sources of infection: From a previous case Scarlet Fever, mild or malignant. From cow's milk from diseased condition of cows. From fomites. The infective principle probably enters the body by the respiratory mucous membrane and the digestive tract. One attack usually confers immunity.

Diphtheria.

Incubation period: From two to seven days; least period not known; average two days.

Quarantine period: From the first symptoms of the disease until the throat is absolutely well or better still, until the bacillus is shown to be absent.

Source of infection: From a previous case of Diphtheria, acute or convalescent; from domestic animals and fowls, suffering from a throat infection of a Diphtherial nature; from fomites, that is infected bedding, clothes, carpets, toys, books, etc.; from a person who has been in contact with Diphtheria patients, but has not himself contracted the disease.

Small Pox.

Incubation period: From nine to fifteen days; average twelve days.

Quarantine period: Fifteen days from last exposure to infection.

Infective period: At all times during the entire disease until every scab has been removed.

The period of greatest infection is during the vesicular and pustular stages; until the rash appears the liability to impart the disease is not great.

Sources of infection: From a case of Small Pox; from fomites; from proximity to a Small Pox Hospital containing a number of Small Pox patients in the acute stage. The contagion may also be

carried by the physician or any person who has been with a Small Pox patient.

Typhoid Fever.

Incubation period: Seven to twenty days; average thirteen days.

Quarantine period: Not required.

Infective period: The excreta are infectious throughout the disease and until convalescence has been established fifteen days.

Source of infection: From air, food or water contaminated by the excreta from a typhoid patient; from fomites.

Measles.

Incubation period: From four to fourteen days; average ten days. One attack usually confers immunity but a fourth attack has been noted.

Quarantine period: Fifteen days from the last exposure to the infection.

Source of infection: From a case of measles; from fomites.

Rubella—German Measles.

Incubation period: From one to three weeks, usually about eighteen days. One attack confers immunity from itself but not from Measles or Scarlet Fever.

Quarantine period: Twenty-one days from last exposure to the infection.

Infective period: The entire period of the disease.

Source of infection: From another case of the disease; from fomites.

Mumps.

Incubation period: From two to three weeks.

Quarantine period: Twenty-one days from last exposure to infection.

Infective period: From the prodromal stage to the appearance of parotitis, when the chances of infection progressively decreases.

Sources of infection: From another case; from fomites.

Chicken Pox.

Incubation period: From thirteen to nineteen days; average fourteen days.

Quarantine period: Nineteen days from the last exposure to the infection.

Infective period: From the appearance of the eruption until it has entirely disappeared.

Sources of infection: From another case; from fomites.

Asiatic Cholera.

Incubation period: From a few hours to ten days; average one to two days.

Quarantine period: Ten days from date of last exposure to the infection.

Infective period: Throughout the entire disease.

Source of infection: From water contaminated by the excreta

from a person suffering with Cholera; possibly from food and air contaminated with the Cholera virus; from fomites.

Bubonic Plague.

Incubation period: From two to five days.

Quarantine period: Five days from the last exposure to the infection.

Infective period: From the prodromal stage throughout the disease. The mortality of the plague is greater than that of any other acute infectious disease; mortality reaching from eighty to ninety per cent.

Sources of infection: From rats mostly. Flies and fleas die from the disease and may convey the infection; from one person to another through the air, but is less contagious than Small Pox.

Whooping Cough.

Incubation period: From seven to ten days; greatest twenty-one days.

Quarantine or period of isolation: Twenty-one days from last exposure of infection.

Infective period: The entire period of illness.

Source of infection: From a case of Whooping Cough; from fomites.

NECESSITIES IN THE CARE OF THE INSANE TUBERCULAR PATIENTS AT INSANE HOSPITALS.

By Dr. A. H. Hamel, DeSoto, Mo.

My attention was attracted to the urgent necessity of this subject, after having had an opportunity of visiting a thoroughly modern insane hospital arranged on the cottage plan or system.

The management of this splendid institution was first-class in every particular and all that could be desired, so far as the care of the insane is concerned and the only criticism that could be offered is not a criticism of officers or management of the institution, but merely a suggestion which ought, after consideration of all facts, be a stimulus to the individual layman and the organized medical profession, to make such recommendation to our legislature to have placed upon our Statute books, a clause:—

Wherever there is an insane Hospital or Eleemosynary institution under management and control of the State, there should be special buildings, Hospital or Infirmary built and maintained wholly and solely for the care of the unfortunate tubercular subjects and for the further protection of the non-tubercular unfortunate inmates.

In this splendid system of cottages there was also a splendidly equipped Infirmary or Hospital building, constructed along modern lines, with splendid operation room, large wards, many private rooms and thoroughly equipped.

The total number of inmates in all cottages and infirmary is be-

tween three and four hundred. Of this number there were probably twenty-five or thirty in the hospital, suffering with many physical ills plus their mental derangement. In this group there were some eight or ten tubercular cases ranging from incipency to the very latest stages.

In observing these unfortunates it was a most deplorable condition. One case which was far advanced the patient was comfortably located in a private room, but, being insane, it was, of course, out of the question to have patient exercise even ordinary precaution. She seemed to take particular pleasure in expectorating and to see that everything in and about the room become thoroughly infected. In fact, it seemed to be her great pleasure when she spat to throw the expectoration over all parts of the room.

In another case, seemingly one of tubercular necrosis of superior maxillary bone, with more or less purulent discharge from sinuses, which were being carefully dressed and cared for, was intermingling with other, non-tubercular subjects. With all the care and attention given this unfortunate patient she still was a dangerous patient and the logical view would be that all other patients were very likely to become infected.

The object in presenting these two cases is solely for the purpose of showing that it is an absolute wrong to permit the insane tubercular subjects to intermingle with other insane unfortunates, suffering from minor ills, complicating their mental infirmities.

For, beyond all question of doubt, not only those who are non-tubercular are in great danger of infection, but an infirmary or hospital used for care and treatment of this class, who cannot be hygienically disciplined, would in all probability be infected to such an extent as to make it unsafe and unwise to remove other inmates, suffering with lagrippe, bronchial or pneumonic affections especially, to said building for treatment.

Now, as to suggestions for relief: In my humble opinion it can be accomplished only in one way; namely, to build a special tubercular cottage or hospital at some point distant from other buildings for the special care and treatment of this unfortunate class.

It is out of the question to even consider removing them to the State Tubercular Sanitarium, as this institution is intended only for the care and treatment of incipient cases, and as most of the insane cases so infected are probably advanced cases when recognized, would probably run a rapid course, owing to the fact that they must be confined, and as they could not be brought under hygienic discipline they ought not to be admitted to the above Sanitarium, as they would be a menace to all other patients.

In offering suggestion that there be enacted statute pertaining to building of isolated buildings for the care of insane tubercular patients, there should also be incorporated a clause making it a law to have all general hospitals to use the same precautions and come under the same law, whether they be State, City or private hospitals or sanitariums.

REPORT OF BACTERIOLOGIST.

Although the State Board of Health has been trying as persistently as possible to inform the medical profession of Missouri that there is a State Bacteriologist at their disposal, the response has not been very marked. Any physician in the State may send specimens of sputum, blood, or throat exudates to be examined respectively for tubercle bacilli, typhoid reaction and diphtheria organisms without cost to himself other than postage. It has been hoped that many would avail themselves of this privilege, but a very few of the many physicians in this State have done so.

In the hope that more will be heard from the methods necessary for the obtaining of satisfactory specimens for laboratory examination, will be again published.

One point that must be emphasized is that all such specimens must be carefully packed in accordance with the U. S. postal regulations. They should be put in a tightly corked bottle, which is then to be placed in a regulation mailing case, surrounded by some absorbent cotton. Failure to follow out these precautions may result in the specimen not being received by the bacteriologist.

The following precaution should be observed in obtaining specimens:

Tubercular Sputum.—The patient should be instructed to thoroughly rinse out his mouth when he gets up in the morning, and the sputum that he then coughs up should be obtained. This should be expectorated directly into a perfectly clean, wide-mouthed bottle, which should be tightly corked and placed in a strong mailing case. To avoid all danger of infection, it would be well when possible to add about a tablespoonful of a weak (5 per cent) carbolic acid solution. This will destroy the life of the germs, but will not interfere with the examination.

Diphtheria Cultures.—For the purpose of making these examinations it is necessary to have two sterile glass culture tubes, one containing a small amount of coagulated blood serum, the other a sterile cotton swab. As yet the State Board is not in a position to supply these outfits, but it hopes that in time it may be able to have them distributed in many localities to be ready for the physician when required. At present they can be procured from the large wholesale drug houses. When a suspected case is seen the cotton swab is rubbed over the involved tissue and is then smeared over the surface of the blood serum. The swab should then be put back into its tube, both tubes carefully closed with their cotton plugs and placed in a mailing case. As time is a matter of the greatest importance, such specimens can be sent by special delivery postage, so as to insure their arrival at the laboratory as soon as possible. Answers could be given by telegraph at the expense of the sender.

Typhoid Fever.—It must be remembered that in the examination of the blood in the Widal test that a negative reaction does not necessarily indicate the absence of typhoid fever. It may be some time in the course of the disease before such a positive reaction occurs. It can usually be obtained by the seventh day, but it may be much de-

layed. On the other hand, reaction may persist for months after the patient has recovered from a previous attack of typhoid. It is for these reasons that a Widal may be unsatisfactory when done in a laboratory away from the patient and the attending physician.

The blood is obtained from either the lobe of the ear or from the tip of a finger, the skin having first been cleansed with alcohol and water and dried. An ordinary round needle is not very satisfactory, a sharp-edged one being best. In place of either a very useful implement is made by breaking off one of the nibs of a new pen. The part should be pricked deeply enough to cause several drops of blood to flow. Two full drops should be allowed to fall, in separate places, upon either a small piece of well cleaned glass, or upon thin, clean, white blotting or unsized paper. When dry this can be placed in an envelope and sent to the laboratory. Care should be employed that only one drop is represented by any one spot. It is necessary that a fairly accurate amount be obtained so that the bacteriologist will be able to perform the test properly.

Since June the following bacteriological examinations have been made:

Water.	28
Sputum containing tubercle bacilli.	24
Sputum free from tubercle bacilli.	38
For diphtheria, showing Klebs-Loeffler bacilli.	3
For diphtheria, not showing Klebs-Loeffler bacilli.	8
Typhoid blood, all Widal's negative.	9
Pus for tubercle bacilli.	2
Blood.	1
Segments of Taenia Saginata.	1

Total. 114

Although there have been one hundred and fourteen examinations made, yet that does not indicate that that many physicians were heard from. There were in fact not more than about sixty men out of the many in the State who are privileged to send specimens for examination.

It is hoped that from now on more new names will be added to the list.

GUTHRIE McCONNELL,

State Bacteriologist.

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THIS BILL IS NOW BEFORE THE LEGISLATURE.

To amend an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without license, and to provide penalties for the violations thereof," as found in session acts, 1901, pages 207 and 208, approved March 12, 1901, and to amend an amended act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violations thereof," as

found in sessions acts, 1903, pages 240 and 241, approved March 21, 1903.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. That section 3 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violations thereof," as found in session acts of 1901, pages 207 and 208, and approved March 12, 1901, be and the same is hereby amended by inserting after the word "qualifications," in line eight of said section, the following words, to-wit: "A certificate of graduation from an accredited high school or a certificate from the county school commissioner, certifying that they have satisfactorily passed an examination equivalent to a grade from an accredited high school. They shall also furnish satisfactory evidence of having received diploma from some reputable medical college of four years' requirements at the time of graduation: Provided, that the time of graduation has been since March 12, 1901, and two years' requirements if the date of graduation is prior to March 12, 1901;" said section, when so amended, shall read as follows:

Section 3. All persons desiring to practice medicine or surgery, in this state, or to treat the sick or afflicted, as provided in section 1 of this act, shall appear before the State Board of Health at such time and place as the Board may direct, and shall there be examined as to their fitness to engage in such practice. All persons appearing for examination shall make application, in writing, to the Secretary of said Board thirty days before the meeting. They shall furnish satisfactory evidence of their preliminary qualifications, to-wit: A certificate of graduation from an accredited high school or a certificate from the county school commissioner, certifying that they have satisfactorily passed an examination equivalent to a grade from an accredited high school. They shall also furnish satisfactory evidence of having received diploma from some reputable medical college of four years' requirements at the time of graduation: Provided, that the time of graduation has been since March 12, 1901, and two years' requirements, if the date of graduation is prior to March 12, 1901, and shall also furnish evidence of good moral character. The medical examination may be made in whole or in part, in writing, and shall be of elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner, and shall embrace the subjects of anatomy, chemistry, physiology, therapeutics, obstetrics, gynecology, surgery, practice of medicine, bacteriology, medical jurisprudence and hygiene, and such other branches as the State Board may direct. The candidate shall be required to answer seventy-five per cent of such questions as are asked him before being granted a certificate: Provided, however, that the examination of any applicant in therapeutics shall be conducted by the member or members of said Board who represent the system of medicine of which such applicant has been a student. If there shall be no representative of the school or system of which the applicant has been a student, the examination

in therapeutics shall be conducted by an examiner appointed for that purpose by the Governor of Missouri, but all examinations other than that in therapeutics shall be conducted as heretofore provided in this act. The Board of Health shall issue to such persons, as they shall find upon examination to possess the requisite qualifications, a license to practice medicine and surgery in accordance with the provisions of this act, and the State Board of Health shall not be permitted to favor any particular school or system of medicine, but all applicants shall be subjected to the same examination, and the same degree of proficiency shall be required of all. The Board shall examine persons applying for a license, although such persons cannot speak the English language, the applicant in all such cases to pay the expenses of an interpreter satisfactory to the Board.

Sec. 2. That section 9 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof," as found in the session acts of 1903, pages 240 and 241, and approved March 21, 1903, be and the same is hereby amended by striking out all of said section after the word "service," in the fourth line of said section; said act, when so amended, shall read as follows:

Section 9. It is not intended by this act to prohibit gratuitous service to and treatment of the afflicted, and this act shall not apply to commission surgeons of the United States army, navy, public health and marine hospital service.

AN ACT

Amending article 1, chapter 3, of the Revised Statutes of 1899, entitled "Board of Health," by repealing section 7529, and enacting in lieu thereof a new section, and by adding six new sections, to be known as sections 7529a, 7529b, 7529c, 7529d, 7529e and 7529f, creating local health boards, vesting them with power to collect vital and mortuary statistics.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. That seven new sections be added to the act entitled "Board of Health," as found in the Revised Statutes of 1899, chapter 3, article 1, page 1764, to be known as sections 7529, 7529a, 7529b, 7529c, 7529d, 7529e and 7529f, and shall read as follows:

Section 7529. The State Board of Health shall have supervision of the registration of births and deaths, as herein provided, and they shall make up such forms, from time to time, as they may deem necessary for the thorough registration and report of vital and sanitary statistics throughout the state. The secretary shall be superintendent of all such registration, and a majority of all the members of said Board shall have the power to appoint and fix the compensation of any clerical force that may, within its judgment, be or become necessary for the making and keeping of the records of said Board of Health.

Section 7529a. Except in cities where a regularly constituted board of health by statute or by ordinance exists, or may hereafter be

created, the mayor and council of such incorporated city, the town board of such incorporated town and the county court of each county shall constitute a board of health, ex officio, for each city, town and county, respectively, and shall be subordinate to the State Board of Health. Their duties shall be to protect the public health by the removal of causes of diseases, when known, and in all cases to take prompt action to arrest the spread of contagious and infectious diseases, and to abate and remove nuisances dangerous to the public health, as directed or approved by the State Board of Health. The county court shall elect a secretary, who shall be the health officer of the entire county, and a health officer shall be elected by each city or town board, to serve in each respective city or town, each of whom shall immediately inform himself as to the rules and regulations of the State Board of Health in matters of hygiene and sanitation. The secretary shall be a graduate of a reputable medical college. He shall serve as secretary from the time of his election, and for four years from the first day of January next ensuing his election, and, together with the town health officers of the county, shall receive as compensation from the county, city or town electing him, to be paid quarterly, the first Monday in March, July, September and December, the sum of one and one-fourth cents per capita per annum up to and including one hundred thousand people. Provided, that said compensation shall not exceed fifteen hundred dollars nor be less than ten dollars per annum. The population to be determined from the school census of the year of his appointment by multiplying the number of school children, as determined by the school census, by three and a half: Provided, that nothing herein shall prevent an incorporated city from establishing and maintaining a city board of health with proper health officers. The compensation of members of such boards of health and health officers to be fixed by the city council of such city. The secretaries of the boards of health, who were elected prior to the enactment of this law, shall serve four years from date of appointment, subject to this act. The State Board of Health to remove at any time any county, city or town health officer for failure to collect vital or mortuary statistics, obey rules and by-laws, keep records, make reports or answer letters of inquiry of said State Board of Health concerning the health of the people. Such removal, however, shall not be made until five days' notice of the charge or charges against such health officer shall have been mailed him, stating a time and place for hearing by the State Board of Health, not less than one week later than the time of mailing such notice to such health officer. In case of death or removal of any town, city or county health officer, the vacancy thereby created shall be immediately filled by the mayor of the town or city, or by the county court, as the case may be, and such appointee shall hold office for the unexpired term of the health officer whose place he takes. All county, city or town health officers shall have and possess the statutory and common law powers of constables in all matters pertaining to the public health.

Section 7529b. The board of health of such county shall be subordinate to the State Board of Health, and it shall be the duty of the secretary of such county board to report such facts and statistics as

may be required under instructions from and in accordance with blanks furnished by said State Board of Health, and it shall be the duty of the town and city health officers to make reports of such facts and statistics as may be required under instructions from and in accordance with blanks furnished by the State Board of Health to the secretaries of the county boards of health in which such towns and city boards of health are subordinate. It shall be the duty of the county boards of health to enforce all rules and regulations of the State Board of Health in their respective counties, which may be issued, from time to time, for the preservation of the public health, and for the prevention of endemic, epidemic and contagious diseases.

Section 7529c. It shall be the duty of all physicians, accoucheurs and midwives, in this state, to report to the secretary of the board of health of the town, city or county in which they may occur, all births and deaths, with a certificate of the cause of the death and such correlative facts as may be required, in the blank form furnished by the State Board of Health, and shall immediately report such contagious and infectious diseases as are specified by the State Board of Health, which may occur under their supervision. When any birth or death may occur, with no physician or accoucheur in attendance, then such birth or death shall be reported by the householder where, or under whose observation, such birth or death may occur, with the cause of death, if such be known. Any death coming under the jurisdiction or supervision of any coroner shall be by him reported to the secretary of the board of health of the town, city or county in which the death may occur within three days after the death, and such death so reported shall not be required to be reported by any other person.

Section 7529d. It shall be the duty of all boards of health to keep a complete record, according to the form prescribed by the State Board of Health, of all births and deaths reported to them, under the provisions of this act, and such record shall be open to the inspection of any citizen, without fee. It shall be the duty of the State Board of Health to prescribe the forms for the records of births and deaths to be used in the office of the secretary of the county board of health, and the secretary of the State Board of Health shall, upon the requisition of the health officer of each county, furnish him, and through him, the secretary of each local board of health in such county, such blanks as may be required for the gathering and reporting of vital and sanitary statistics, according to the provisions of this act.

Section 7529e. Any person or persons, any board of health, or the officers of any corporation, who shall violate any of the provisions of this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ten nor to exceed one hundred dollars, or by imprisonment in the county jail for not less than ten days nor more than thirty days, or by both such fine and imprisonment.

Section 7529f. Section 7529, chapter 3, article 1, page 1764, Revised Statutes of 1899, and all laws and parts of laws in conflict with the provisions of this statute, are hereby repealed.

TYPHOID FEVER—ITS PREVENTION AND RESTRICTION.

(Edition of 1906.)

(Issued by the State Board of Health of Maine.)

Typhoid fever is a communicable disease. It is both contagious and infectious; it is best to try to make a distinction between the meaning of these two words. From patients improperly cared for the danger of taking the disease is considerable; with the sick cared for as this circular advises, there is little danger to nurses and other attendants.

Source of Infection.—The source of infection in every case of typhoid fever is some preceding case. The communication may be direct from patient to attendant, but it is more frequently by indirect infection, as is mentioned under the sub-heading, "Media of Communication." There is no reason to believe that, without the presence of the specific infection (the typhoid bacillus or germ) a cold, indiscretion in eating, or any unhealthful conditions can alone cause typhoid fever.

In typhoid fever there is a general infection—the whole system is permeated by the germ. The infection is given off plentifully in the excretions from the patient—in the discharges from the bowels, in the urine in many cases, and in what is coughed up and spit out when there are complications affecting the lungs and air passages. Hence the urgent need of thorough disinfection of all these discharges from every typhoid fever patient.

How Received.—The infection is received by the new victim to typhoid fever by swallowing the typhoid germs in infected food, or drink, and probably only by swallowing when infectious dust from infected clothing or infected carpets or floors is inhaled.

Media of Communication.—The most frequent mediums for spreading typhoid fever is polluted water supplies, water which has from sewers, house drains, privy vaults, or other sources, received infection. If the source of water supply is polluted with human excreta, solid or fluid, it is a dangerous water. If thus polluted, the chances are that, sooner or later, it will become infected. Many persons suffering with a slight ailment not recognized as typhoid fever, or who, having apparently fully recovered from typhoid fever months ago, are nevertheless still excreting infection. Thus at any time a water receiving pollution may receive typhoid infection and become a source of danger to persons who use it.

In ground which contains considerable organic matter (polluted soil), typhoid infection may remain alive and dangerous for months, and perhaps for years. Thus, the danger of successive infections of wells when the ground around them is polluted. Hence the need of the utmost care to destroy utterly the infection of all typhoid discharges and suspicious discharges, before the final disposition of them. (See "Disinfection of Excreta.")

Frequent outbreaks of typhoid fever are due to milk which has been infected by the addition of polluted water, by the washing of

cans and other milk utensils with unclean water, by milkers or caretakers of the milk whose hands, or clothing, are infected, etc.

Not infrequently typhoid fever is spread by oysters or other shell fish which have come from beds or waters exposed to sewage pollution.

Undoubtedly typhoid infection is occasionally spread through the medium of low growing fruits or vegetables eaten raw, grown upon infected ground, or by bread, pastry, confectionery, fruits, vegetables, meats, etc., handled by infected hands in bakeries, stores, markets and slaughter houses, or the same articles and infected by flies recently arrived from sources of filth. Some of these articles are congenial culture media for the multiplication of the typhoid germ.

In recent medical opinion "finger infection" is coming to occupy an important place in the spread of typhoid fever. The patient's own fingers, unless care for cleanliness is perfect, are sure to be infected, and they in turn infect everything they come in contact with. The fingers of nurses and attendants become infected in attending to the wants of the sick, and unless they receive more than the ordinary washing, may carry infection directly to the mouths of their owners, or may infect bread or other articles of food handled or prepared by them.

Cases of typhoid fever in washerwomen, after handling the clothing of typhoid fever patients are frequent enough to emphasize the necessity of the utmost care for the cleanliness of the typhoid patient, his bed, and his clothing, and for the avoidance of infectious dust.

The experience in some military barracks has shown clearly that continued outbreaks of typhoid fever have been due to the use of rooms, bedding and uniforms not disinfected after their use or occupation by former typhoid patients. Such outbreaks, not referable to any other causes, have suddenly ceased after the infected rooms or clothes have received proper disinfection.

Flies having access to privy vaults or sources of typhoid infection elsewhere, then, through unscreened doors and windows, to living rooms, alighting upon food already prepared for the table or to be used without subsequent heating, are a serious danger. Again, reference may be made to the fact that some of these articles, liquid, semi-solid, or with moist surfaces, thus slightly infected, serve as congenial culture media for the rapid multiplication of the infection. A few typhoid germs brought on the feet of flies may increase many fold if deposited in milk or on the surface of boiled potato.

The general filth conditions in the homes of extremely untidy families favor the spread of typhoid infection, and in such homes, and in any homes where there is a lack of care for the greatest possible cleanliness of the sick person, his bedding, clothing and everything else in the management of him, the danger from direct contagion, "contagion infection," is serious.

Personal Precautions.—Suspicious water—that which is contaminated or is liable to contamination with human excreta—should be avoided, or when that is impracticable, should be boiled. Heating water or milk to the simmering point, or even a somewhat lower scalding temperature, will effectually destroy typhoid germs,

In a typhoid house do not eat anything in the sick room, or anything which has been in the sick room. Have left-overs well heated again before they are brought to the table. Avoid cold and raw foods as much as possible.

Do not use infected clothing nor occupy rooms previously occupied by typhoid patients until they have been disinfected thoroughly. Keep the hands clean. Exclude flies.

After a considerable stay in the sick room, or occasionally while nursing the sick, it would be well to rinse the mouth with plain boiled water or with the addition, if preferred, of a little of the essential oil of cinnamon, peppermint, eucalyptus or the essence of them, or a combination of them, with a few drops of chloroform, shaken before using, but do not keep the mouth-wash in the room, nor use it there. With the conditions of the sick room fairly satisfactory, this is not a very necessary precaution.

Avoid taking the typhoid patient's breath unnecessarily in his immediate vicinity if he has pneumonia, or has an explosive cough. The sputum bearing infection may be sprayed into the air during coughing, but the range of possible danger is slight—hardly more than four or five feet.

Precautions in the Sick Room.—The room should be as large and airy as is practicable. Free ventilation is desirable. Carpets, draperies, pictures or other unnecessary things which may retain infectious dust and complicate disinfection should be removed.

The bed mattress should be protected with impervious rubber sheeting beneath the usual sheets. There should be two of these pieces of rubber sheeting so that they may be changed and disinfected as required. The best way to make up the bed for the typhoid fever patient is the following: 1st. Over the mattress (no feather bed) spread smoothly and tuck in the sheet. Under the sheet it is well to have a once-folded sheet or blanket. 2d. Next a rubber sheet spread crosswise the bed, the two ends tucked smoothly under the edges of the mattress. 3d. A folded sheet (draw-sheet) also crosswise over the rubber sheet. 4th. A second rubber sheet. 5th. Over that a second draw-sheet.

The aim of the sick room management should be: The prompt destruction of every vestige of infection leaving the patient in the discharges from the bowels and kidneys or in the sputum, so that privy vaults, the ground, the home surroundings, or wells, springs or other sources of water supply may not be infected. (See Disinfection.)

The bedpan or other vessels should contain a moderate quantity of disinfecting solution before it receives the discharges from the patient, and should immediately after have a liberal additional quantity of the disinfectant poured into it—three or four times the bulk of the matter to be disinfected. All of the discharges from bowels and kidneys must be disinfected. (See Disinfection.) All sputum (what is spit up) must be burned.

The utmost cleanliness of the patient and his surroundings should be the rule. In those cases in which the condition of the patient makes it difficult to avoid the soiling of his bed, smaller

squares of rubber sheeting and folded sheets should be placed above the ordinary sheets. All soiled sheets and clothing should be removed promptly before drying can occur. (See Disinfection.) Care should be had to cleanse and disinfect the patient locally with a solution of corrosive sublimate 1 :2000—half a dram to the gallon of water, or one tablet to the quart.

The sick person should have spoons, dishes and other eating utensils for his own exclusive use, never washed in the same pan or with the same cloths used for other dishes. They are preferably washed by the nurse in or near the sick room.

Unnecessary visitors should be excluded from the sick room. The nurse may take her meals at the household table. With proper disinfection of her hands and general tidiness, danger of her carrying infection is not to be apprehended, as with scarlet fever and various other infectious diseases.

EXAMINATIONS.

The Board will hold examinations for license to practice medicine, surgery and midwifery simultaneously in Kansas City and St. Louis on April 16, 17 and 18, 1907. The examination of midwives will be on the morning of the 18th. In St. Louis the examination will be held in Barnes Medical College, beginning at 9 a. m., and in Kansas City the examination will be held at Midland Hotel, beginning at 9 a. m., April 16th. Application should be made to the Secretary thirty days before this examination, as directed by Section 3, of House Bill No. 137, Session Acts of 1901. "All persons appearing for examination shall make application in writing to the Secretary of said Board thirty days before said meeting." Each applicant will be assigned to one of these places and to save confusion he must by all means attend the place that he is assigned; if in his application he designates a choice of places he will be assigned to that place, otherwise the Secretary will assign him to the place that appears to be nearest or most convenient for him to attend.

There are still a few of the Rosters of Licensed Physicians in the State of Missouri in this office. Any physician in this State who desires one of these Rosters may procure same by sending five cents to cover postage on same.

BULLETIN

OF THE

Missouri State Board of Health

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GUTHRIE McCONNELL, M. D., Bacteriologist, St. Louis

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NEW LAWS.

This number of the Bulletin contains all of the laws enacted by the Forty-fourth General Assembly pertaining to the practice of medicine and surgery in this State, and will go into effect June 14, 1907.

After this date every person who desires to take the State Board examination for license to practice medicine and surgery must furnish the Secretary a certificate of graduation from an accredited High School, State Normal School, College, University or Academy, or a certificate from a County School Commissioner, certifying that they have satisfactorily passed an examination equal to the requirements in the above named institutions. They shall also furnish satisfactory evidence of having graduated from a reputable Medical College of four years' requirements. If, however, the applicant received his diploma prior to March 12, 1901, only a two years' course before graduation will be required of him. This makes the requirements for taking the examination in Missouri equal to that of our sister States. We hope to secure a more liberal reciprocal relation with them. Two years ago a number of the States refused to reciprocate with us on the ground that our laws admitted undergraduates to take the examination. Therefore our standard was regarded as being lower than theirs. Such objections cannot exist hereafter and we hope for as full reciprocal relations as is consistent with our laws.

The part of Section 9 of the Medical Practice Act was repealed which allowed those who were matriculates on or prior to March 12, 1901, subsequently graduating from a Missouri Medical College, upon presenting a diploma and \$15, to be awarded a license. This vague and uncertain section should never have been enacted. In addition to the bunglesome wording it is thought by some of our best legal minds to be unconstitutional, as it favors a class; it is therefore class legislation. But thanks to this Legislature it is relegated to the past.

The amendment to the penal section of the Practice Act defines more extensively those who are regarded as physicians and removes all doubt as to the legality of any person practicing medicine whose license has been revoked. There is now, therefore, no shadow of law under any construction to allow those whose licenses have been revoked to continue to practice without being amenable to a fine for the same.

The enactment of the Pure Food Bill and the bill relating to criminal abortion, all of which was endorsed by the medical profession of the State, show that the Forty-fourth General Assembly had the health of our citizens and the advancement of the medical profession at heart and had it not been for the want of time to consider properly all of the phases of our bill for collecting vital statistics I feel sure it would have

passed. This was, in many ways, our most important measure, but I feel sure now that some such law can be passed in the near future.

It now remains for us to make the best use of the means thus placed in our hands.

MEETING OF THE BOARD.

The Board will meet May 16th in Jefferson City at Central Hotel to pass upon the papers of applicants at the examinations held in St. Louis and Kansas City, April 16th, 17th, 18th, 1907.

REPORT OF THE BACTERIOLOGIST.

The State Bacteriologist has been much gratified by the increased response to the various articles in the Bulletin concerning the privileges offered to the physicians of this State in regard to the examinations of sputum, throat exudates and blood, the latter for the Widal test.

Since the first of the year there have been more specimens of sputum received than in the preceding six months. What is also encouraging is the fact that there have been some thirty-one new names added to the list of those making use of the laboratory facilities. It would indicate that the physicians are more than willing to make use of the opportunities offered now that they know of them.

There is, however, one point that it might be well to emphasize, and that is the relationship between the laboratory diagnosis and the clinical features. A negative report from the laboratory does not necessarily imply that the case cannot be one of tuberculosis, for instance. It merely means that in that particular specimen no such organisms were found. A recent article in the Journal of the A. M. A. deals with this matter and it may not be amiss to quote certain portions of it: "The profession must learn that, in most instances, the result of a laboratory test should have, in a given case, the same value as a cardinal symptom or an approved clinical sign. Too many men forget this, and fail to correlate the laboratory findings with the clinical findings. Too many sit back in their easy chairs, so to speak, waiting for the laboratory to solve a problem whose solution could often just as accurately be reached by the use of their own eyes, ears and fingers.

* * * Every practitioner should preferably do his own laboratory work, and, if this is impossible, he should at least know how to properly interpret and correlate the findings of others. Too many errors are made when the physician, lacking in the knowledge of the significance of the laboratory findings, relies on the report of the pathologist

who lacks in clinical experience, and who bases his returns on the examination of abstract specimens from a concrete patient of whose history he is usually almost completely ignorant."

Since January 1st, 1907, the following examinations have been made in the laboratory:

Sputum containing tubercle bacilli.....	22
Sputum free from tubercle bacilli.....	51
For diphtheria, showing the Klebs-Loeffer bacillus.....	2
For diphtheria, not showing the Klebs-Loeffer bacillus.....	2
Blood (Widal test), negative.....	1
Total.	78

GUTHRIE McCONNELL,

State Bacteriologist.

410 North Jefferson Ave., St. Louis, Mo.

April 1st, 1907.

SENATE BILL NO. 123.

AN ACT to amend an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without license, and to provide penalties for the violation thereof," as found in Session Acts, 1901, pages 207 and 208, approved March 12, 1901, and to amend an amended act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violations thereof," as found in Session Acts, 1903, pages 240 and 241, approved March 21, 1903.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. That Section 3 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violations thereof," as found in Session Acts of 1901, pages 207 and 208, and approved March 12, 1901, be and the same is hereby amended by inserting after the word "qualifications," in line eight of said section, the following words, to-wit: "A certificate of graduation from an accredited high school or a certificate from the county school commissioner, certifying that they have satisfactorily passed an examination equivalent to a grade from an accredited high school. They shall also furnish satisfactory evidence of having received diploma from some reputable medical college of four years' requirements at the time of graduation: Provided, that the time of graduation has been

since March 12, 1901, and two years' requirements if the date of graduation is prior to March 12, 1901;" said section, when so amended, shall read as follows:

Section 3. All persons desiring to practice medicine or surgery in this state, or to treat the sick or afflicted, as provided in Section 1 of this act, shall appear before the State Board of Health at such time and place as the Board may direct, and shall there be examined, as to their fitness to engage in such practice. All persons appearing for examination shall make application, in writing, to the secretary of said Board thirty days before the meeting. They shall furnish satisfactory evidence of their preliminary qualifications, to-wit: A certificate of graduation from an accredited High School or a certificate from the County School Commissioner, certifying that they have satisfactorily passed an examination equivalent to a grade from an accredited High School. They shall also furnish satisfactory evidence of having received diploma from some reputable Medical College of four years' requirements at the time of graduation: Provided, that the time of graduation has been since March 12, 1901, and two years' requirements, if the date of graduation is prior to March 12, 1901, and shall also furnish evidence of good moral character. The medical examination may be made in whole or in part, in writing, and shall be of elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner, and shall embrace the subjects of anatomy, chemistry, physiology, therapeutics, obstetrics, gynecology, surgery, practice of medicine, bacteriology, medical jurisprudence and hygiene, and such other branches as the State Board may direct. The candidate shall be required to answer seventy-five per cent of such questions as are asked him before being granted a certificate: Provided, however, that the examination of any applicant in therapeutics shall be conducted by the member or members of said Board who represent the system of medicine of which such applicant has been a student. If there shall be no representative of the school or system of which the applicant has been a student, the examination in therapeutics shall be conducted by an examiner appointed for that purpose by the Governor of Missouri, but all examinations other than that in therapeutics shall be conducted as heretofore provided in this act. The Board of Health shall issue to such persons as they shall find upon examination to possess the requisite qualifications a license to practice medicine and surgery in accordance with the provisions of this act, and the State Board of Health shall not be permitted to favor any particular school or system of medicine, but all applicants shall be subjected to the same examination, and the same degree of efficiency shall be required of all. The Board shall examine persons applying for a license, although such persons cannot speak the English language, the applicant in all such cases to pay the expenses of an interpreter satisfactory to the Board.

Sec. 2. That Section 9 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for

the violation thereof," as found in the Session Acts of 1903, pages 240 and 241, and approved March 21, 1903, be and the same is hereby amended by striking out all of said section after the word "service," in the fourth line of said section; said act, when so amended, shall read as follows:

Section 9. It is not intended by this act to prohibit gratuitous service to and treatment of the afflicted, and this act shall not apply to commission surgeons of the United States Army, Navy, public health and marine hospital service.

HOUSE AMENDMENTS TO SENATE BILL NO. 123.

Amendment No. 2.

Amend Senate Bill No. 123 by adding to said bill a new section, to be Section 3, and to read as follows:

Section 3. That Section 7 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof, as found in the Session Acts of 1901, pages 207 and 208, approved March 12th, 1901, be and the same is hereby amended by adding to said Section 7, after the last word thereof, the following: "Any person whose license has been or shall be revoked by the Board, shall have the right to appeal from the decree, decision or judgment of the Board revoking such license, to the Circuit Court of the county in which such Board shall have held its meeting and revoked such license; and such appeal shall be allowed and granted upon the affidavit of the person whose license shall have been revoked, or his agent or attorney, which a affidavit shall be in the form now required in cases of appeal from courts of record; said cause, together with a complete transcript and record of all proceedings had therein, shall be certified by the secretary of the Board to such Circuit Court, and such court shall hear and try same as ordinary civil actions," but if the decree, decision or judgment of said Board revoking such license, shall be upheld or affirmed by the Circuit Court, such decree, decision and judgment of such Board shall be in full force and such license shall stand revoked, pending any appeal from the decree or decision of such Circuit Court, and until the decree or judgment of such Circuit Court shall be reversed or set aside," so that said section, as amended, shall read as follows:

Sec. 7. The Board may refuse license to individuals guilty of unprofessional or dishonorable conduct, and they may revoke licenses for like cause, after giving the accused an opportunity to be heard in defense before the Board. Habitual drunkenness or excessive use of narcotics or producing criminal abortion, shall be deemed unprofessional and dishonorable conduct within the meaning of this section, but this specification is not intended to exclude all other acts for which

licenses may be revoked, but any person whose license has been or shall be revoked by the Board, shall have the right to appeal from the decree, decision or judgment of the board revoking such license, to the Circuit Court of the county in which such Board shall have held its meeting and revoked such license; and such appeal shall be allowed and granted upon the affidavit of the person whose license shall have been revoked, or his agent or attorney, which affidavit shall be in the form now required in cases of appeal from courts of record; said cause, together with a complete transcript and record of all proceedings had therein, shall be certified by the secretary of the Board to such Circuit Court, and such court shall hear and try same as ordinary civil actions, but if the decree, decision or judgment of said board revoking such license shall be upheld or affirmed by the Circuit Court, such decree, decision and judgment of such Board shall be in full force and such license shall stand revoked, pending any appeal from the decree or decision of such Circuit Court, and until the decree or judgment of such Circuit Court shall be reversed or set aside."

Amendment No. 3.

Amend Senate Bill No. 123 by adding at end of line 43, Section 3, the following: Provided, that each applicant for license shall have two hours, if necessary, during which to answer the usual number of questions asked on each branch examined upon.

Amendment No. 4.

Amend Senate Bill 123 by inserting the words "State Normal School, College, University or Academy," between the word "or" and "a," in line 9 of Section 1, and also in line 27 of Section 3.

Amendment No. 5.

Amend Senate Bill No. 123 by adding the words "or State Normal School, University or Academy," after the word "school," in line 12 of Section 1, and after the word "school," in line 30 of Section 3.

SENATE BILL NO. 355.

AN ACT to amend Section 5 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof," as found in Session Acts of 1901, at page 207, and approved March 12th, 1901.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. That Section 5 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof," as found in Session Acts of 1901, at page 207, and approved March 12th, 1901, be and the same is hereby amended by striking out the words "except physicians now registered," in

the first line of said section; and by inserting in the third line of said section, after the word "infirmities" and before the word "without," a comma, and the words "and any person representing or advertising himself by any means or through any medium whatsoever, or in any manner whatsoever, so as to indicate that he is authorized to or does practice medicine or surgery in this State, or that he is authorized to or does treat the sick or others afflicted with bodily or mental infirmities;" and by striking out the words "first obtaining," in the third and fourth lines of said section, and by inserting in the fifth line of said section, after the word "act" and before the word "shall," the words "or after the revocation of such license by the State Board of Health, as provided in this act;" and by adding to said section, at the end thereof, the following words: "Provided, that physicians registered on or prior to March 12th, 1901, shall be regarded for every purpose herein as licentiates and registered physicians under the provisions of this act;" so that said section, when amended, shall read as follows:

Section 5. Any person practicing medicine or surgery in this State, and any person attempting to treat the sick or others afflicted with bodily or mental infirmities, and any person representing or advertising himself by any means or through any medium whatsoever, or in any manner whatsoever, so as to indicate that he is authorized to or does practice medicine or surgery in this State, or that he is authorized to or does treat the sick or others afflicted with bodily or mental infirmities, without a license from the State Board of Health, as provided in this act, or after the revocation of such license by the State Board of Health, as provided in this act, shall be deemed guilty of a misdemeanor, and punished by a fine of not less than fifty dollars nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment for each and every offense; and treating each patient shall be regarded as a separate offense. Any person filing or attempting to file as his own a license of another, or a forged affidavit of identification, shall be guilty of a felony, and, upon conviction thereof, shall be subject to such fine and imprisonment as are made and provided by statutes of this State for the crime of forgery in the second degree. Said fines to be turned into the State treasury when collected: Provided, that physicians registered on or prior to March 12th, 1901, shall be regarded for every purpose as licentiates and registered physicians under the provisions of this act.

HOUSE BILL NO. 446.

AN ACT to repeal Section 1825 of Article 2, Chapter 15, of the Revised Statutes of Missouri, 1899, entitled "Crimes and Punishments," and to enact a new section in lieu thereof, to be known as Section 1825.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. That Section 1825 of Article 2, Chapter 15, of the Revised Statutes of Missouri, 1899, entitled "Crimes and Punishments,"

be and the same is hereby repealed, and the following new section inserted in lieu thereof, to be known as Section 1825, and reads as follows:

Section 1825. Any person who, with intent to produce or promote a miscarriage or abortion, advises, gives, sells or administers to a woman (whether actually pregnant or not), or who, with such intent, procures or causes her to take, any drug, medicine, or article, or uses upon her, or advises to or for her the use of, any instrument or other method or device to produce a miscarriage or abortion (unless the same is necessary to preserve her life or that of an unborn child, or if such person is not a duly licensed physician, unless the said act has been advised by a duly licensed physician to be necessary for such a purpose), shall, in event of the death of said woman, or any quick child, whereof she may be pregnant, being thereby occasioned, upon conviction be adjudged guilty of manslaughter in the second degree, and punished accordingly; and in case no such death ensue, such person shall be guilty of the felony of abortion, and upon conviction be punished by imprisonment in the penitentiary not less than three or more than five years, or by imprisonment in jail not exceeding one year, or by fine not exceeding \$1,000.00, or by both such fine and imprisonment; and any practitioner of medicine or surgery, upon conviction of any such offense, as is above defined, shall be subject to have his license or authority to practice his profession as physician or surgeon in the State of Missouri revoked by the State Board of Health in its discretion.

SENATE BILL NO. 47.

AN ACT to prohibit the manufacture and sale of foods, drugs, medicines, beverages and liquors, as defined in this act, which are adulterated or misbranded within the meaning of this act; and prescribing penalties for violations thereof.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. No person or persons, firm or association of persons, company or corporation shall, within this State, manufacture, produce, sell, offer or expose for sale, or have in his, their or its possession, with intent to sell, any article of food or drug which is adulterated or misbranded within the meaning of this act, or cause or procure the same to be done by others.

Sec. 2. The term "drug," as used in this act, shall include all medicines and preparations recognized in the United States Pharmacopoeia or National Formulary, for internal or external use, and any substance or mixture of substances intended to be used for the cure, mitigation or prevention of disease in man or animals. The term "food," as used in this act, shall include all articles used for food, drink, confectionery or condiment by man or animal, whether simple, mixed or compound.

Sec. 3. A drug shall be deemed to be adulterated within the meaning of this act: 1. If, when sold under or by a name recognized

in the latest revised edition of the United States Pharmacopoeia or National Formulary, it differs from the standard of strength, quality or purity prescribed therein. 2. If its strength, quality or purity fall below the professed standard under which it is sold: Provided, that no drug defined in the United States Pharmacopoeia or National Formulary shall be deemed to be adulterated under this provision if the standard of strength, quality or purity be plainly stated upon the bottle, box or other container thereof, although the standard may differ from that determined by the test laid down in the United States Pharmacopoeia or National Formulary.

Sec. 4. Food shall be deemed to be adulterated: 1. If any substance or substances have been mixed with it so as to lower or depreciate or injuriously affect its strength, quality or purity. 2. If any substance or substances have been substituted wholly or in part for the article. 3. If any valuable or necessary constituent or ingredient has been mixed, colored, coated, polished, powdered or stained in a manner whereby damage or inferiority is concealed; or if, by any means, it is made to appear to be better or of greater value than it really is. 5. If it contain any added substance which is poisonous or injurious to health: Provided, that when in the preparation of food products for shipment they are preserved by any external application, applied in such a manner that the preservative is necessarily removed mechanically or by maceration in water or otherwise, and directions for the removal of said preservative shall be printed on the covering of the package, the provisions of this act shall be construed as applying only when said products are ready for consumption. 6. If it consists wholly, or in part, of a diseased, filthy, decomposed, putrid, infected, tainted or rotten animal diseased or vegetable substance, or any part or portion of an animal diseased or otherwise unfit for food, whether manufactured or not, or if it is the product of a diseased animal, or of an animal that has died otherwise than by slaughter, and in case of meats, oysters or fish, sold or offered for sale in the fresh state, if such meats, oysters or fish shall have been inoculated, dusted, powdered, sprayed, rubbed, anointed, washed, sprinkled, fumigated, or in any other manner treated with any substance declared deleterious or dangerous by this act, or any antiseptic or chemical preservative or dye stuff whatsoever, whose use and apparent purpose is to mask decomposition, or to give to the meat, oysters or fish a false appearance of freshness or quality. And in the case of dairy products, if any such product be drawn or produced from cows fed on unhealthy or unwholesome food, or on waste, slops, refuse, leavings or residue of any nature or kind from distilleries, breweries or vinegar factories, or on food in a state of putrefaction, or from cows diseased in any way. 7. If it contains methyl or wood alcohol in any of its forms. 8. If it be an imitation or sold as or for another article. 9. If, in the case of confectionery, it contains terra alba, barytes, arsenic, talc, chrome yellow or other mineral substances, a poisonous color or flavor, or other ingredient deleterious or detrimental to health, or vinous, malt or spirituous liquor or narcotic drug; or, 10. If it does not conform to the standard of

strength, quality and purity now or hereafter to be established by the United States Department of Agriculture.

Sec. 5. The term "misbranded," as used in this act, shall apply to all drugs and articles of food, or articles which enter into the composition of drugs or food, the package or label of which shall bear any statement, design or device regarding such article or the ingredients or substances contained therein which shall be false or misleading in any particular, and to any food or drug product which is falsely branded as to state, territory or country, in which it is made, manufactured, produced or grown, or as to the person, firm or corporation by whom it is made, manufactured, produced or grown.

Sec. 6. In the case of drugs an article shall also be deemed to be misbranded: 1. If it be an imitation of, or offered for sale under the name of, another article. 2. If the contents of the package, as originally put up, shall have been removed in whole, or in part, and other contents shall have been placed in such package. 3. If the package fail to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, heroin, cocaine, eucaïne (alpha or beta), chloroform, cannabis, indica, chloral hydrate, acetanilid, or any derivative or preparation of any such substance contained therein: Provided, that Subdivision 3 of this section shall not apply to any drug prepared and sold by a duly licensed pharmacist for immediate sale upon an order therefor.

Sec. 7. In the case of food, as herein defined, an article shall also be deemed to be misbranded: 1. If it is an imitation of, or is offered for sale under the distinctive name of another article. 2. If it be labeled or branded, tagged, stenciled or marked so as to deceive the purchaser, or purport to be a foreign product when not so. 3. If the contents of the package, as originally put up, shall have been removed in whole, or in part, and other contents shall have been placed in such package. 4. If it fail to bear a statement on the label of the quantity or proportion of any morphine, opium, heroin, cocaine, eucaïne (alpha or beta), chloroform, cannabis indica, chloral hydrate, acetanilid, or any derivative or preparation of any such substances contained therein. 5. If, in package form, and the contents are stated in terms of weight and measure, they are not plainly and correctly stated on the outside of the package. 6. If the package containing it, or its label, shall bear any statement, design or device regarding the ingredients or the substances contained therein, which statement, device or design shall be false or misleading in any particular: Provided, that an article of food which does not contain any added poisonous or deleterious ingredient shall not be deemed misbranded in the following cases, viz: (1) In the case of mixtures or compounds which may now, or from time to time hereafter, be known as articles of food under their own distinctive names and not an imitation of or offered for sale under the distinctive name of another article, if the name be accompanied on the same label or brand with a statement of the factory or place where said article has been manufactured or produced; (2) in the case of articles labeled, branded, stenciled or tagged so as

to plainly indicate that they are mixtures, compounds, imitations or blends, and the word "mixture," "compound," "imitation," or "blend," as the case may be, is plainly stated on the package or container in which they are offered for sale: Provided, that the term "blend" as used herein shall be construed to be a mixture of like substances; not excluding harmless coloring and flavoring ingredients used for the purpose of coloring and flavoring only; and, provided further, that nothing in this act shall be construed as requiring or compelling manufacturers of proprietary foods, which contain no unwholesome ingredient, or substance added to increase the bulk or weight of the finished product, to disclose their trade formulas, except insofar as the provisions of this act may require, to secure the freedom from adulteration or misbranding.

Sec. 8. If a statement of any of the ingredients of an article of food or drink, or of an article entering into food or drink, is required by law to be stated upon the label or package of such article, or is stated upon the label of such article, whether required by law or not, such statement and the name and address of the manufacturer or vendor of the article shall be distinctly and conspicuously printed on the label or package in straight parallel lines of plain, uncondensed, legible type, well spaced, on a plain ground. The statement of ingredients shall be clearly separated from and not interspaced or confused with other matter, shall specify each and every ingredient by its ordinary name and shall be in the English language. The letters of said type shall be as large as any printed matter on the label or package (except the name of the compound, or chief article named therein, which may be in larger type), and shall not be smaller than 8-point Gothic caps: Provided, that in case the size of the package does not allow the use of type of such size, then the size may, with the approval of the dairy and food commissioner, be proportionately reduced. The required label shall be firmly attached to or printed on the exterior of the package or envelope of the said article, on the top or side thereof, and in plain sight; but the dairy and food commissioner may, in writing, approve specific labels not strictly in accordance with the above provisions if it is his opinion that the information is set forth thereon clearly enough for the reasonable protection of the purchaser.

Sec. 9. Drugs or foods labeled in violation of the provisions of Sections 5, 6, 7 and 8 shall be deemed to be misbranded within the meaning of this act.

Sec. 10. No person, firm, association or persons or corporation shall deface, erase or remove any label or mark provided for in this act with intent to mislead, deceive, or violate any of the provisions of this act, nor cause the same to be done by others.

Sec. 11. Every person, firm, association or persons or corporation manufacturing, offering or exposing for sale, or delivering to a purchaser, any drug or article of food included in the provisions of this act, upon application of any person or an inspector, analyst or other officer or agent of the State, and tender to such person, firm, association or corporation of the value thereof, shall furnish a sample

for analysis of any such drug or article of food which is so in his or their possession.

Sec. 12. No dealer shall be prosecuted under the provisions of this act when he can establish a guaranty, as provided for in the national food and drug act approved June 30, 1906, or a guaranty, signed by the wholesaler, jobber, manufacturer or other party, residing in the State of Missouri, or who shall have filed in the office of the dairy and food commissioner a designation of the name and residence of some competent person being and continuing a resident of this State, process served on whom shall be valid and acceptable as personally served upon such party in any suit or proceeding under this act, from whom he purchased such articles, to the effect that the same are not adulterated or misbranded in the original unbroken packages, within the meaning of this act. Said guaranty, to afford protection, shall contain the name and address of the party or parties making the sale of such articles to such dealer, and in such case said party or parties shall be amenable to the prosecutions, fines and other penalties which would attach, in due course, to the dealer under the provisions of this act.

Sec. 13. When construing and enforcing the provisions of this act, the act, omission or failure of any officer, agent or other person acting for or employed by any person, corporation, firm or association, within the scope of his employment or office, shall, in every case, be deemed to also be the act, omission or failure of such employer.

Section 14. Any person, firm, association or corporation who shall, within this State, manufacture or produce, offer or expose for sale, or shall sell or deliver, or have in his or their possession with intent to sell, any drug or food, as defined in this act, which is adulterated or misbranded within the meaning of this act, or who shall fail or refuse, upon the application of a proper person, and the tender to him of the value thereof, to deliver to such person a sample, sufficient for analysis, of any drug or article of food in his or their possession, as required by this act, or who shall violate any of the provisions of this act, shall be guilty of a misdemeanor, and upon conviction thereof, be punished for every such offense by a fine not less than ten dollars nor more than five hundred dollars, or by imprisonment in the county jail not to exceed six months, or both such fine and imprisonment, and shall, in addition, be adjudged to pay all costs and expenses incurred in inspecting and analyzing such food or drug. All fines recovered under the provisions of this act shall be paid to the State Treasurer.

Sec. 15. All acts and parts of acts inconsistent with this act are hereby repealed.

There are still a few of the Rosters of the Licensed Physicians in the State of Missouri in this office. Any physician in this State who desires one of these Rosters may procure same by sending five cents to cover postage on same.

PUBLIC HEALTH REPORTS.

UNITED STATES.

[Reports to the Surgeon-General, Public Health and Marine Hospital Service.]

Report from Galveston, Tex.—Yellow fever on steamship Basil, from Para.

Passed Assistant Surgeon Corput reports, March 18, as follows:

One case yellow fever on steamship *Basil* seventeen days from Para. Patient taken to hospital. Necropsy just finished; positive.

Referring wire last night, steamship *Basil*, now at quarantine. Three members crew have elevation temperature this morning. *Stegomyia* present here, not abundant. Authorities making efforts to locate all persons to keep under observation. Full written report follows:

Since my wire this morning three men aboard *Basil* taken ill. Temperature 102 deg. F and above. No positive diagnosis in these cases yet.

The following telegram was received from State Officer Brumby, Galveston, Tex.:

March 18. Seaman aboard steamship *Basil*, from Para, died yesterday of yellow fever. All precautions being taken.

March 19. Past Assistant Surgeon Corput was instructed by the Bureau as follows:

Regarding steamship *Basil*, see collector and examine bill of health and report by wire what was on it; also wire nature of cargo, if any, in *Basil*.

To this telegram reply was received:

March 19. Replying Bureau wire, *Basil* sailed from Para March 1, water ballast. Bill of health shows 10 cases, 5 deaths yellow, 13 cases, 8 deaths plague. Now has on board part cargo cotton taken before being remanded quarantine. Agent threatens go to sea at once without disinfection.

March 20. Past Assistant Surgeon Corput was further instructed by the Bureau as follows:

Replying to your telegram 19th, steamer *Basil* is now considered a yellow fever infected vessel, and having been remanded to quaran-

tine, must be treated as such. As she comes from a port badly infected with plague, she comes under special regulations account plague, paragraphs 126 to 137, Quarantine Regulations. Thorough and simultaneous fumigation all parts vessel required to insure killing rats. Inform quarantine officer. Inform agents vessel, if she leaves quarantine and goes to sea; every other port in the United States will be notified, and these provisions will be enforced wherever she seeks to enter. Promptly inform Bureau as to destination vessel if she departs.

The steamship *Basil* left Liverpool January 19 for Para, Brazil. Arrived at Para February 11 for Manaus. Left Para March 1 for Galveston. Reports received by the Public Health and Marine Hospital Bureau show deaths from yellow fever at Para from July 1, 1906, to February 23, 1907. Yellow fever was not reported at Manaus in 1906. In 1905, 8 cases and 7 deaths were reported from July 30 to August 12.

March 20. All quarantine officers on the Gulf and Atlantic coast were informed that Para is a port considered infected with both yellow fever and bubonic plague.

A Sunset Fancy.

Tonight as I sat at my window
As the West was all a-gleam
With that strange and beautiful fancy
That is fleeting as a dream,
I thought that the hands of angels
Had swung Heaven's gateway wide,
And I caught some glimpse of the glory
From the hills on the other side.

Is it not a beautiful fancy?
This sunset thought of mine:
That the gates of Heaven are always
Open at the day's decline;
That those whose day is ended
Of earthly woes and ills,
Have passed to the morning brightness
That shines on the Heavenly Hills.

Perhaps while I sat there dreaming
Of the gateway in the West,
Some poor soul went through its portal
To a long and endless rest—
Went in through the sunset gateway
To the City paved with gold—
Passed on to the New Life's Gladness
To be no longer old.

When for me the sunset gateway
Shall at day's decline unclose,
And I enter through it's portals
To a long and sweet repose;
I know I shall remember,
In that land so fair and far,
My strange and beautiful fancy
Of the sunset gate ajar.

—*Unknown.*